



# Anchor Sign, Inc. Application for Employment

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)

Home Phone #: ( ) \_\_\_\_\_ Other Phone #: ( ) \_\_\_\_\_

Do You Have A Valid Driver's License?  Yes  No State: \_\_\_\_\_ DL#: \_\_\_\_\_

Do You Have A Valid CDL License?  Yes  No State: \_\_\_\_\_ DL#: \_\_\_\_\_

### Position Specific Information:

Position Applied For: \_\_\_\_\_

Relevant Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay Desired: \$ \_\_\_\_\_ Date You Can Begin Employment: \_\_\_\_\_

### Education:

Education Completed:	High School:	College / Technical:	Graduate / Other:
Name of School / College:			
Check Highest Level Completed:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7

Are You Currently A Student?  Yes  No If So, Where? \_\_\_\_\_

### Previous Employers:

*This Information Must Be Complete And Accurate In Order To Be Considered for Employment.*

Most Recent Employer: \_\_\_\_\_

Are You Currently Working For This Employer?  Yes  No

May We Contact This Employer? (Check One)  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ ( Per Hour  Annually) Reason For Leaving: \_\_\_\_\_

**Previous Employers (con't):**

*This Information Must Be Complete And Accurate In Order To Be Considered for Employment.*

**Second Most Recent Employer:** \_\_\_\_\_

**Are You Currently Working For This Employer?**       Yes     No

**May We Contact This Employer?** *(Check One)*       Yes     No

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Salary:** \$ \_\_\_\_\_ ( Per Hour  Annually)    **Reason For Leaving:** \_\_\_\_\_

**Third Most Recent Employer:** \_\_\_\_\_

**Are You Currently Working For This Employer?**       Yes     No

**May We Contact This Employer?** *(Check One)*       Yes     No

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Salary:** \$ \_\_\_\_\_ ( Per Hour  Annually)    **Reason For Leaving:** \_\_\_\_\_

**References:**

*Provide Only Individuals Who Are Familiar With Your Work History And Ability. Do Not List Relatives.*

<b>Name:</b>	<b>Address &amp; Phone Number:</b>	<b>Relation To You / Years Known:</b>

**Security Information:**

**List States & Counties Of Residence For The Past Ten Years:** \_\_\_\_\_

**Have You Used Any Names Or Social Security Numbers Other Than Given Above?**     Yes     No

**If So, Please List:** \_\_\_\_\_

**Have You Been Convicted Of A Crime In The Past Ten Years:**       Yes     No

If so, please describe in the space provided below. (Conviction will not necessarily be a bar to employment. In accordance with Company policy and applicable federal and state laws, factors such as age at time of the offense, remoteness of offense, time since last conviction, and nature of the job sought and rehabilitation efforts will be taken into consideration. Use an extra sheet of paper if needed.)

<b>Incident:</b>	<b>City/State:</b>	<b>Charge:</b>
1.		
2.		

**Employment Information:**

**Can You, Upon Employment, Provide Genuine Documentation Establishing Your Identity And Eligibility To Be Legally Employed In The United States**  Yes  No

**Are You Currently, At Least, Seventeen (17) Years Of Age (Or Older)?**  Yes  No  
*(If no, you may be required to provide authorization to work.)*

**Can You Provide Proof Of Age?**  Yes  No

**Have You Ever Worked For Anchor Sign, Inc. Before?**  Yes  No

**If So, Provide Details Including Dates Of Employment and Position:**

**Applicant Authorization:**

- 1) I certify that all information included in this application is accurate to the best of my knowledge and understand that Anchor Sign, Inc. reserves the right to use this information in a background investigation which may be required of any employee. I also understand that any misrepresentation or omission of material facts in my application may be justification for refusal, or if employed, termination of employment from Anchor Sign, Inc.
- 2) I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility arising from their doing so. I further understand that a routine inquiry and background check will be made which will provide information concerning character, criminal history, general reputation, personal characteristics, and mode of living and that upon written request additional information as to the nature and scope of the report, if any is made, will be provided.
- 3) I understand and agree that:
  - a) Anchor Sign, Inc. has a drug-free workplace policy, and that a substance screening may be required after an offer of employment is made and the commencement of employment may be contingent upon successful completion of the substance screening. The results will be held in strict confidence by Anchor Sign, Inc. except where release is required by law.
  - b) At initial employment I may be expected to sign an employee non-compete agreement. This agreement protects any previous employer or other third party from disclosure of business information that may have been acquired illegally or with restrictions as to secrecy. Additionally, the agreement prohibits an employee from unfairly competing with Anchor Sign, Inc. during the course of employment or after termination of employment.
- 4) I understand that this employment application and any other company documents published for employees or job applications are not contracts of employment and that if I am hired, I will be an at-will employee and I may voluntarily leave employment or I may be terminated by my employer, at any time for any reason. I understand that any oral or written statements to the contrary do not alter my at-will employment status.
- 5) I understand that all benefits offered by Anchor Sign, Inc. to its employees can be modified or decreased at any time, at the company's sole discretion.
- 6) I understand that any policy items that appear in any policy manuals, Employee Handbooks, or other related documents at the discretion of the company, may be withdrawn, revised, or replaced at any time.
- 7) I understand that Anchor Sign, Inc. only offers full time employees fringe benefits, and that eligibility for the these fringe benefits will not begin until after I have completed six (6) full months of employment.

I understand that this company has a policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment.

**Applicant's Signature:**

**Date:**

